Clark County Department Of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

Grading

Permit Application

| ASSESSOR PARCEL#: | | | | | APPLICATION NO.: | |
|---------------------------------------|---|--|--|--|---|--|
| BU | ILDING ADDRESS: | | | | | |
| PA | RCEL MAP NUMBER: _ | | | | | |
| PROJECT/SUBDIVISION NAME:: SET UP BY: | | | | | | |
| OW | /NER NAME: | | | | | |
| | | | | | | |
| ADDRESS: | | CITY: | CITY: | | ZIP: | |
| CONTACT PERSON: | | | | | PHONE: | |
| ADDRESS: | | CITY: | | STATE:_ | ZIP: | |
| EM | AIL ADDRESS: | | | FAX: | | |
| | DIRT QUANTITIES | LAND USE APPROVALS | | SUBMITTAL REQUIRE | MENTS | |
| сит | r: | | w | otice of Final Action for Land Use Appleted Stamped Grading Plans (3): Com (4): Resi | mercial | |
| FILL: | | | ES Co | Seotechnical (Soils) Report (3) SGI Electronic Submittal Geotechnical Information or Protocol Compliance Letter (1) Orainage Study Approval Letter & Plans * | | |
| TOTAL: ESTIMATED ACREAGE: | | ESTIMATED ACREAGE: | STIMATED ACREAGE: T | | ortoise Mitigation Form | |
| | | 1 — | Storm Water Compliance Items (BMP section 3.5.1) * | | | |
| | | | │ | orm Water Compliance Items (BMP se | ection 3.5.1) * | |
| QA | A REQ'D: | | * If App | | ection 3.5.1) * | |
| QA | A REQ'D: | CONTRACTOR'S DECLARATION | _ | | · | |
| | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: | ify that I am licensed under the provisions of N.R.S. 624. CLASS: | * If App | olicable | · | |
| RINFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME | ify that I am licensed under the provisions of N.R.S. 624. CLASS: | * If App | REQUIRED ITEMS AT TIME | · | |
| RINFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME PHONE#: | ify that I am licensed under the provisions of N.R.S. 624. CLASS: :: | * If App | REQUIRED ITEMS AT TIME | OF PERMIT ISSUANCE | |
| INFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME PHONE#: MAILING ADDRESS: | ify that I am licensed under the provisions of N.R.S. 624. CLASS: :: | * If App | Plicable REQUIRED ITEMS AT TIME Dust Permit QAA Signed Contract | OF PERMIT ISSUANCE | |
| RINFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME PHONE#: MAILING ADDRESS: CITY: CONTRACTOR | ify that I am licensed under the provisions of N.R.S. 624. CLASS: :: | * If App | Dust Permit QAA Signed Contract GRADING PER Permit Fee: Plan Review Fees: Bldg Plan Review Fee/ | OF PERMIT ISSUANCE MIT FEES \$ | |
| RINFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME PHONE#: MAILING ADDRESS: CITY: CONTRACTOR SIGNATURE: I certify that I have read agree to comply with all C | CLASS: STATE: DATE: DATE: Cuthis Application and state that the above information is concernative of this County ordinances and State laws relating to building constoresentatives of this County to enter upon the above me | * If App | Plicable REQUIRED ITEMS AT TIME Dust Permit QAA Signed Contract GRADING PER Permit Fee: Plan Review Fees: | OF PERMIT ISSUANCE | |
| CONTRACTOR INFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME PHONE#: MAILING ADDRESS: CITY: CONTRACTOR SIGNATURE: I certify that I have read agree to comply with all Cand hereby authorize reg | STATE: ZIP: DATE: Class of N.R.S. 624. CLASS: STATE: ZIP: DATE: County ordinances and State laws relating to building const oresentatives of this County to enter upon the above me proses. | * If App | Plicable REQUIRED ITEMS AT TIME Dust Permit QAA Signed Contract GRADING PER Permit Fee: Plan Review Fees: Bldg Plan Review Fee/ Balance Due or Credit: Zoning Plan Review Fee: | MIT FEES \$ \$ \$ \$ \$ \$ | |
| APPLICANT CONTRACTOR INFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME PHONE#: MAILING ADDRESS: CITY: CONTRACTOR SIGNATURE: I certify that I have read agree to comply with all Cand hereby authorize reproperty for inspection put | STATE: ZIP: DATE: Class of N.R.S. 624. CLASS: STATE: ZIP: DATE: County ordinances and State laws relating to building const oresentatives of this County to enter upon the above me proses. | * If App | Dust Permit QAA Signed Contract GRADING PER Permit Fee: Plan Review Fees: Bldg Plan Review Fee/ Balance Due or Credit: Zoning Plan Review Fee: Mitigation Report Fee: | MIT FEES \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| CONTRACTOR INFORMATION | I hereby cert ST. LIC. NO.: BUSINESS LIC. NO.: CONTRACTOR NAME PHONE#: MAILING ADDRESS: CITY: CONTRACTOR SIGNATURE: I certify that I have read agree to comply with all Cand hereby authorize reproperty for inspection put APPLICANT SIGNATURE Engineering Review B | STATE: ZIP: Chis Application and state that the above information is colounty ordinances and State laws relating to building constoresentatives of this County to enter upon the above memorposes. | * If App | Plan Review Fee: Bldg Plan Review Fee: Bldg Plan Review Fee: Mitigation Report Fee: MSHCP Fee: Storm Water Compliance Inspection Fee: | MIT FEES \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |

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